

Maine CDC, HIV, STD and Viral Hepatitis Program
2006 Training Announcement

Prevention Counseling For HIV Test Counselors

AUGUSTA
March 29-31

(Muskie Building- Water St)

PORTLAND
June 21-23

(DHHS Building- Marginal Way)

BANGOR
October 23-25

(DHHS Building- Griffen RD)

Prevention Counseling for HIV Test Counselors was designed to train providers to counsel patients about HIV antibody testing. Topics cover: counseling skills, integrating behavior change theory into practice and creating risk-reduction plans with clients. Participants will have the chance to practice a series of role-plays to counsel clients using the CDC Client Centered Counseling Approach.

This training is mandatory for all Maine CDC contracted Providers who will be providing counseling testing services at their agency and full attendance to all three days of training is required. Supervisors' signature is required to ensure that participants have basic understanding of HIV/AIDS and to indicate knowledge and agreement with your registration.

- Space for this course is limited to 16 participants
- Training will run daily from 9AM until 4:30PM
- Check-in will begin at 8:45 on day one of the training

To register, complete the form below and mail at least two weeks prior to the course offering.

If your application is accepted, you will be notified no later than two weeks prior to the selected training. For more information about this training, contact Jennah Godo at 287-3916 or Karen Eaton at 287-5542.

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| Registration Form | | Return to: Karen Eaton HIV, STD and Viral Hepatitis Program 11 State House Station Augusta, ME 04333-0011 FAX: 207.287.3498 | |
| Indicate training <u>date & location</u> planning to attend: | | | |
| Date: _____ Location: _____ | | | |
| Name: | | | |
| Organization: | | | |
| Address: (confirmation/certificate will be sent to this location) | | | |
| | | | |
| Work Phone Number: | | Home Phone Number: | |
| Email : | | Fax: | |
| Do you need any special accommodations? <input type="checkbox"/> No <input type="checkbox"/> Yes (please specify) | | | |
| Please check your particular service area: | | Please check your role or position: (all that apply) | |
| <input type="checkbox"/> BOH Contracted Provider (paid or volunteer) | | <input type="checkbox"/> Counseling and Testing Site Counselor | |
| <input type="checkbox"/> Public Health Department Provider | | <input type="checkbox"/> Outreach Test Counselor | |
| <input type="checkbox"/> Correctional Medical Provider | | <input type="checkbox"/> HIV Prevention Educator | |
| <input type="checkbox"/> Family Planning Provider | | <input type="checkbox"/> Other (please specify) _____ | |
| <input type="checkbox"/> Other (please specify) _____ | | | |
| Signature: | | Date: | |
| Supervisor Signature: | | Date: | |